

BLUE SHIELD OF CALIFORNIA
AUGUST 2022 STANDARD/VALUE DRUG FORMULARY CHANGES

Blue Shield is committed to covering safe, effective and affordable medications, so we regularly review and update our drug formularies. Our Pharmacy and Therapeutics (P&T) Committee is made up of a group of practicing physicians and pharmacists who meet quarterly to recommend changes to our formulary based on the latest medical literature, new clinical guidelines, new information from key physician experts, and new information from the Food and Drug Administration.

Changes to the Standard/Value Drug Formulary from the August 2022 P&T Committee meeting are outlined below. To view a copy of the Standard/Value Drug Formulary, please [download a copy](#).

The drugs listed below are to be used for FDA-approved indications but may also be used for other conditions.

1. DRUGS ADDED TO FORMULARY

The following drugs were added to the formulary:

Drug	FDA Indication(s)	Coverage Restriction(s)	Tier Status
Dexcom G5, G6 continuous blood glucose system, sensor, receiver, transmitter ¹	Diabetes	Prior authorization, Quantity limit	Tier 2
fesoterodine (Toviaz)	OAB, Pediatric neurogenic detrusor overactivity	Quantity limit	Tier 2
lacosamide oral solution (Vimpat)	Seizures	Quantity limit	Tier 1
pirfenidone (Esbriet)	Idiopathic pulmonary fibrosis	Prior authorization, Quantity limit	Tier 4
Skyrizi 360mg/2.4ml cartridge	Crohn's disease	Prior authorization, Quantity limit	Tier 4
sorafenib (Nexavar)	Hepatocellular carcinoma, Renal cell carcinoma, Thyroid carcinoma	Prior authorization, Quantity limit	Tier 4
varenicline tablet (Chantix)	Smoking cessation	Quantity limit	Tier 1
Annovera	Contraceptive	Quantity limit	Tier 3
Balcoltra	Contraceptive		Tier 3
gemmily	Contraceptive		Tier 3
merzee	Contraceptive		Tier 3
Natazia	Contraceptive		Tier 3
Nextstellis	Contraceptive		Tier 3
norethindrone acetate-ethinyl estradiol-ferrous fumarate	Contraceptive		Tier 3

Drug	FDA Indication(s)	Coverage Restriction(s)	Tier Status
Phexxi	Contraceptive	Quantity limit	Tier 3
Slynd	Contraceptive		Tier 3
taysofy	Contraceptive		Tier 3
Twirla	Contraceptive	Quantity limit	Tier 3
Tyblume	Contraceptive		Tier 3

1. effective 1/2023

2. FORMULARY DRUGS WITH CHANGES TO TIER AND/OR COVERAGE RESTRICTION

The following drugs have coverage restriction(s) added or removed, and/or change of tier status as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
oxandrolone	Cachexia, Bone pain due to osteoporosis	Remove Prior authorization	Remains Tier 3
Restasis single-use vial	Dry eye disease	Quantity limit	Tier 1
varenicline tablet	Smoking cessation	Quantity limit	Tier 1

3. DRUGS REMOVED FROM THE FORMULARY

The following brand-name drugs were removed from the formulary because generic is now available and was added to the formulary. Drug removal is effective October 26, 2022.

Brand-name Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Chantix Starting Month Box	Smoking cessation	Quantity limit	varenicline starting month box
Esbriet	Idiopathic pulmonary fibrosis	Quantity limit	pirfenidone
Nexavar	Hepatocellular carcinoma, Renal cell carcinoma, Thyroid carcinoma	Quantity limit	sorafenib

4. DRUGS REMOVED FROM COVERAGE

The following drugs were excluded from coverage because they are not approved by the Food and Drug Administration (FDA), effective January 1, 2024:

Drug
SSKI

The following drugs were excluded from coverage because it is available without a prescription, effective October 1, 2022:

Drug	
Astepro 0.15% nasal spray	azelastine 0.15% nasal spray